

New Mexico Administrative Office of the Courts Language Access Complaint Procedure

Should a court client/customer feel that his/her rights to meaningful language access have not been met by the Court, the following procedure may be followed to register a complaint:

1. The person with the complaint (the complainant) should contact the New Mexico Administrative Office of the Courts' (AOC) Language Access Services Director to report the complaint by completing and submitting the attached Complaint Form, or by telephone.

Contact information: Paula Couselo, New Mexico Administrative Office of the Courts, 237 Don Gaspar, Santa Fe, New Mexico 87501; aocpvc@nmcourts.gov; (505) 827-4853.

2. If the complainant does not believe that his/her concerns have been adequately addressed or resolved with the AOC Language Access Services Director, the complainant should contact the Court Services Division Acting Director:

Contact information: Peter Bochert, New Mexico Administrative Office of the Courts, 237 Don Gaspar, Santa Fe, New Mexico 87501; aocpwb@nmcourts.gov; (505) 827-4834.

3. The complainant may also, at any time in this process, contact the United States Department of Justice.

Contact information: Federal Coordination and Compliance Section, Civil Rights Division, United States Department of Justice, 950 Pennsylvania Avenue NW, Washington, D.C. 20530; (202) 514-4609 or (202) 514-0716 (TTY).

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Complaint Form

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please contact us at: New Mexico Administrative Office of the Courts, 237 Don Gaspar, Room 25, Santa Fe, New Mexico 87501; aocpvc@nmcourts.gov; (505) 827-4853.

Please complete and return this form to:
Paula Couselo, Language Access Services Director
New Mexico Administrative Office of the Courts
237 Don Gaspar, Santa Fe, New Mexico 87501
aocpvc@nmcourts.gov
Phone: (505) 827-4853
Fax: (505) 827-4627

1. Name of person filing complaint (the complainant):
2. Complainant's Address:
3. Complainant's Contact Information: Home Phone: Work Phone: Mobile Phone: E-mail:
4. If you are filing on behalf of another person, please include your name, address, phone number, and relation to the complainant: Name: Address: Phone: E-mail: Relationship to Complainant:
5. Please describe, in your own words, in what way you believe that your rights to language access were not met and whom you believe was responsible.

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Please use the back of this form or additional pages as needed.

6. Please indicate the date/s when the above occurred:

7. Please sign below:

Signature_____

Date Signed_____

Return this form to:

Paula Couselo, Language Access Services Director
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237 Don Gaspar, Santa Fe, New Mexico 87501

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